# Guide to Washington State
# Tribal Medicaid Administrative Match
# Activity Coding and Claiming Methodology

# Definitions/Acronyms

**"638"** refers to Public Law 93-638 – Indian Self-Determination and Education Assistance Act, which provides the basic federal funding for Tribal health activities.

**"A-19 Invoice Voucher"** is the billing documentation form to claim MAM reimbursement.

**"Coordinator"** means a tribal staff appointed as the liaison between the tribe and DSHS to ensure compliance with the CAP.

**"Cost Allocation Plan (CAP)"** refers to the plan developed by DSHS through tribal consultations and approved by CMS to describe the procedures for claiming Tribal MAM costs.

"**Community Service Office (CSO)**" is the DSHS office where applications for Medicaid eligibility are processed.

"**DSHS**" or "**the department**" or "**the Department**" means the state of Washington Department of Social and Health Services, its employees and authorized agents.

"**EPSDT – Early Periodic Screening and Diagnostic Treatment**" is the comprehensive physical examination "well-child check-up" available to all Medicaid children.

"**Federal Financial Participation (FFP)**" is the portion of the total allowable costs of providing services that will be matched by federal reimbursement.

"**Free care**" means services for which there is no beneficiary liability and for which there is no Medicaid liability.

"**Health Care Authority (HCA**) is the administration that oversees and manages all of the medical services provided to Medicaid eligible clients.

"**Indirect Costs**" means operating expenses attributed to and allocated across more than one program. A Tribe's federally allowable Indirect Cost Rate is re-negotiated annually with the Department of the Interior or the Department of

Health & Human Services.

**"Medicaid Administrative Match (MAM)"** is a federal reimbursement program for costs of "administrative activities" that directly support efforts to identify, and/or enroll children/individuals in the Medicaid program or to assist those already enrolled to access benefits.

**"Medicaid"** is a joint federal-state program for covered medical services and for costs of administration of related activities.

"**Medicaid Eligibility Rate (MER**)" is the proportional share of Medicaid individuals to the total number of individuals in the target population.

"**Resource and Patient Management System (RPMS)**" refers to the patient database of Indian Health Services.

"**Skilled Professional Medical Personnel (SPMP)**" refers to individuals who have completed at least a two-year program leading to an academic degree or certificate in a medically-related program.

"**Subcontract**" means any separate agreement or contract between the Contractor and an individual or entity (Subcontractor) to perform all or a portion of the duties and obligations that the Contractor is obligated to perform pursuant to this Agreement.

"**The Guide**" refers to the Medicaid School-Based Administrative Claiming Guide issued May 2003, produced by CMS, and any supplements, amendments or successor. This guide is the basis for ALL administrative match programs – School-based; Local health Jurisdictions; and Tribal.

"**Time Study Activities**" refers to activities outlined in the Tribal CAP and captured through the time study by use of defined codes.

**"ProviderOne"** is the Health Care Authority website where contractors can verify an individual's Medicaid Eligibility status.

# WASHINGTON STATE
# TRIBAL MAM CLAIMING METHODOLOGY

**SPECIAL NOTE:** *For all of the activity codes and examples listed in this guide, if an activity is provided as part of, or an extension of, a direct medical or Medicaid covered health service; it may not be claimed as Medicaid administration. Any staff activity involved directly in providing medical Medicaid covered health services should be assigned to Code 4. Direct Medical and Medicaid Covered Services.*

## Application of the Federal Financial Participation (FFP) Rate

**50 percent:** Refers to an activity that is allowable as administration under the Medicaid program and claimable for reimbursement at the 50 percent FFP

## Unallowable Activities

**(U) Unallowable:** Refers to an activity that is not allowable as administration under the Medicaid program. This is regardless of whether or not the population served includes Medicaid eligible individuals.

## Application of Medicaid Share

**(TM) Total Medicaid**: Refers to an activity that is 100 percent allowable as administration under the Medicaid program.

**(PM) Proportional Medicaid Share**: Refers to an activity that is allowable as administration under the Medicaid program, but for which the allocable share of costs must be determined by the application of the proportional Medicaid share, otherwise known as the Medicaid Eligibility Rate (MER). The Medicaid share is determined as the ratio of Medicaid enrolled individuals served to total individuals served.

## Reallocated Activities

**(R) Reallocated Activities**: Refers to those general administrative activities performed by time study participants which must be reallocated across the other activity codes based on the percentage of all other time spent on allowable/unallowable administrative activities. FFP is provided at 50% of the reallocated Medicaid share.

# Tribal MAM Activity Codes

| ACTIVITY CODE | DESCRIPTION |
|---|---|
| CODE 0 | Non-Paid - Unit of time when not being paid by the Tribe - U |
| CODE 1a | Non-Medicaid Outreach - U |
| CODE 1b | Medicaid Outreach - TM |
| CODE 2a | Facilitating Application for Non-Medicaid Programs - U |
| CODE 2b | Facilitating Medicaid Eligibility Determination- TM |
| CODE 3 | Activities not Related to Medicaid Covered or Direct Medical Services - U |
| CODE 4 | Direct Medical and/or Medicaid Covered Services - U |
| CODE 5a | Arranging Transportation for Non-Medicaid Services - U |
| CODE 5b | Arranging Transportation in Support of Medicaid Covered Services -PM |
| CODE 6a | Non Medicaid Translation - U |
| CODE 6b | Translation Related to Medicaid Covered Services- PM |
| CODE 7a | Program Planning, Policy Development, and Interagency Coordination Related to Non-Medicaid Services -PM |
| CODE 7b | Program Planning, Policy Development, and Interagency Coordination Related to Medicaid Covered Services - PM |
| CODE 8a | Non-Medicaid Related Training - U |
| CODE 8b | Training Related to Medicaid administrative activities and/or access to Medicaid Covered Services - PM |
| CODE 9a | Referral for Non-Medicaid Covered Services - U |
| CODE 9b | Referral for Medicaid Covered Services - PM |
| CODE 10 | General Administration - R |

# Activity Coding Described

## CODE 0.   NON-PAID – UNIT OF TIME WHEN NOT BEING PAID BY TRIBE – NP

Tribal staff participants should use this for all non-paid scheduled hours of work.  Such activities may include unpaid:

1.   Overtime
2.   Lunches
3.   Breaks
4.   Time off

## CODE 1.a.   NON-MEDICAID OUTREACH - U

Tribal staff should use this code when performing activities that inform individuals about their eligibility for non-Medicaid medical, social, vocational and educational programs and how to access them; describing the range of benefits covered under these programs and how to access them.  Both written and oral methods may be used.  Include related paperwork, clerical activities or staff travel required to perform these activities.

1.  Informing families about non-Medicaid wellness programs and how to access these programs.
2.  Scheduling and promoting activities that educate individuals about the benefits of healthy life-styles and practices.
3.  Conducting general health education programs or campaigns that address life-style changes in the general population (e.g., dental prevention, anti-smoking, alcohol reduction, etc.).

## CODE 1.b.   MEDICAID OUTREACH – TM/50 Percent FFP

Tribal staff should use this code when performing activities that inform eligible or potentially eligible individuals about Medicaid and how to access the program.  Such activities include bringing potential eligibles into the Medicaid system for the purpose of the eligibility process.

The following are examples of activities that are considered Medicaid outreach:

1.  Informing Medicaid eligible and potentially Medicaid eligible children and families about the benefits and availability of services provided by Medicaid.
2.  Distributing literature about the benefits, eligibility requirements, and availability of the Medicaid program.
3.  Contacting pregnant and parenting teenagers about the availability of

Medicaid prenatal, and well baby care programs and services.

## CODE 2.a.    FACILITATING APPLICATION FOR NON-MEDICAID PROGRAMS – U

Tribal staff should use this code when informing an individual or family about programs such as Food Stamps, Women, Infants, and Children (WIC), day care, legal aid, and other social or educational programs and referring them to the appropriate agency to make application. Below are some examples of activities:

1. Explaining the eligibility process for non-Medicaid programs.
2. Assisting the individual or family collect/gather information and documents for a non-Medicaid program application.
3. Assisting the individual or family in completing the application, including necessary translation activities.

## CODE 2.b.    FACILITATING MEDICAID ELIGIBILITY DETERMINATION – TM/50 Percent FFP

Tribal staff should use this code when assisting an individual in the Medicaid eligibility process.  Include related paperwork, clerical activities, or staff travel required to perform these activities.  This activity does not include the actual determination of Medicaid eligibility, which is not done by Tribal staff.  Examples of activities are:

1. Explaining Medicaid eligibility rules and the Medicaid eligibility process to prospective applicants.
2. Assisting individuals or families to complete a Medicaid eligibility application such as the Medicaid portion of a Tribal TANF application.
3. Referring an individual or family to the local Community Service Office to make application for Medicaid benefits.

## CODE 3.    ACTIVITIES NOT RELATED TO MEDICAID-COVERED OR DIRECT MEDICAL SERVICES – U

Tribal staff should use this code for activities paid by the tribe that are not medical or Medicaid-related, including social services, educational services, teaching services, employment and job training, and other activities. These activities may include related paperwork, clerical activities, or staff travel required to perform these activities.

Tribal services not related to Medicaid or to direct medical services can be reported in two ways:  (1) As a separate non-Medicaid code (Code 3) or (2) as an example within one or more non-Medicaid activity codes.

**CODE 4.        DIRECT MEDICAL AND/OR MEDICAID-COVERED SERVICES -
                U**

Tribal staff should use this code when the activity is providing direct care, medical/dental
treatment, and/or clinical counseling services to an individual, including but not limited
to:
1. Providing medical/dental/mental health/chemical dependency counseling
   treatment services.
2. Conducting medical/dental/mental health/chemical dependency
   assessments/evaluations and diagnostic testing and preparing related reports.
3. Developing a treatment plan *(medical plan of care)* for a patient if provided as
   part of a Medicaid-covered service.

Such activities may be billed directly to the appropriate payer of the service.


**CODE 5.a.        ARRANGING TRANSPORTATION FOR NON-MEDICAID
                  SERVICES – U**

Tribal staff should use this code when assisting an individual in obtaining transportation
to social, vocational, and/or educational programs and to medical services not covered by
Medicaid.  Include related paperwork, clerical activities or staff travel required to
perform these activities.

**CODE 5.b.        ARRANGING TRANSPORTATION IN SUPPORT OF MEDICAID
                  COVERED SERVICES – PM/50 Percent FFP**

Tribal staff should use this code when assisting an individual in obtaining transportation
to services covered by Medicaid.  This does not include the provision of the actual
transportation service or the direct costs of the transportation (bus fare, taxi fare, gas
voucher, ferry tickets, etc.), but rather the administrative activities involved in arranging
transportation.  Include related paperwork, clerical activities or staff travel required to
perform these activities.  Note, if the Tribe has a contract with a Medicaid Transportation
broker to receive reimbursement for providing transportation services, the Tribal staff
may not claim MAM when assisting patients in obtaining transportation covered under
the contract.  Instead, Tribal staff must use Code 4. However, when Tribal staff is
arranging transportation for a non-tribal patient, or patient living off of the reservation,
both of which are not covered under the Tribe's Medicaid transportation contract, Code
5.b. is used.

**CODE 6.a.    NON-MEDICAID TRANSLATION - U**

Tribal staff that provide interpreter services for non-Medicaid activities should use this code.  Include related paperwork, clerical activities or staff travel required to perform these activities. Non-Medicaid translation can be reported in two ways: As a separate non-Medicaid code (Code 6a.) or as an example within one or more non-Medicaid activity codes.

1. Arranging for interpreter services *(i.e. oral or signing services)* that assist an individual in accessing or understanding medical and healthcare services not covered by Medicaid.
2. Arranging for interpreter services that assist an individual in accessing or understanding social, educational, or vocational services.

**CODE 6.b.    TRANSLATION RELATED TO MEDICAID COVERED SERVICES – PM**

Translation may be allowable as a Medicaid-claimable administrative activity, including translation in a direct service context, if it is not included and paid for as part of the medical assistance service.  However, translation must be provided either by separate units or separate employees performing only translation, and it must facilitate access to Medicaid covered services. Tribal employees who provide such Medicaid translation services should use this code.  Include related paperwork, clerical activities or staff travel required to perform these activities.

**CODE 7.a.    PROGRAM PLANNING, POLICY DEVELOPMENT, AND/OR INTERAGENCY COORDINATION RELATED TO NON-MEDICAID SERVICES - U**

Tribal staff should use this code when performing activities associated with developing strategies to improve the coordination and delivery of non-Medicaid services to patients/tribal members.  Non-Medicaid services may include social services, educational services, and vocational services, as well as medical and other healthcare services that are not covered by Medicaid.  Only employees whose position descriptions include program planning, policy development and interagency coordination may use this code.  Include related paperwork, clerical activities or staff travel required to perform these activities.

**CODE 7.b.    PROGRAM PLANNING, POLICY DEVELOPMENT, AND INTERAGENCY COORDINATION RELATED TO MEDICAID-COVERED SERVICES – PM/50 Percent FFP**

This code should be used by Tribal staff when performing activities associated with the development of strategies to improve the coordination and delivery of medical/dental/mental health/chemical dependency counseling services, and when performing collaborative activities with other agencies and/or providers to assure patients' access to Medicaid-covered services.  It does not include activities integral to or an extension of direct medical or Medicaid-covered services, which would be coded under Code 4.  Only staff whose position description includes "participation in program

planning and interagency coordination" may use this code. This code refers to activities such as planning and developing procedures to track requests for services; while the actual tracking of requests for Medicaid services would be coded under Code 9.b., Referral, Coordination and Monitoring of Medicaid Covered Services. Include related paperwork, clerical activities or staff travel required to perform these activities.

## CODE 8.a.     NON-MEDICAID RELATED TRAINING-U

Tribal staff should use this code when coordinating, conducting, or participating in training activities for staff regarding the benefit of programs other than the Medicaid program. Include related paperwork, clerical activities, or staff travel required to perform these activities.

## CODE 8.b.     TRAINING RELATED TO MEDICAID ADMINISTRATIVE ACTIVITIES AND/OR ACCESS TO MEDICAID-COVERED SERVICES-PM

Tribal staff should use this code when coordinating, conducting, or participating in training activities designed to improve access to Medicaid covered services via enhanced referrals and assistance, including training pertaining to the Tribal MAM program. Include related paperwork, clerical activities, or staff travel required to perform these activities. Note: Training that enhances the education/professional knowledge/skills needed in actually providing direct medical and/or Medicaid-covered services should be treated as Code 4, Direct Medical and/or Medicaid-Covered Services.

## CODE 9.a.     REFERRAL FOR NON-MEDICAID SERVICES - U

Tribal staff should use this code when making referrals for individuals to services not covered by Medicaid. Include related paperwork, clerical activities or staff travel required to perform these activities. Sample activities include:

1. Making referrals to medical and other healthcare services not covered by Medicaid (e.g. flu shots, exercise programs, WIC, childbirth and parenting classes, etc).
2. Making referrals to social and educational services such as childcare, employment, job training, and housing.
3. Making referrals to vocational and other non-health related examinations.
4. Gathering any information that may be required in advance of these non-Medicaid related referrals.

**Case Management:** Note that "coordination and monitoring" activities are not considered to be administrative expenses, and as such can only be reimbursed as a targeted case management (TCM) service. TCM services must be approved by CMS and are found in the Medicaid State plan.

**CODE 9.b.   REFERRAL OF A MEDICAID COVERED SERVICES – PM/50 Percent FFP**

Tribal staff should use this code only when making an initial referral for an individual to a Medicaid covered service from a clinic/office setting.  The activity is not integral to or an extension of a Medicaid-covered service, or within the definition and scope of targeted case management. Allowable activities include the following (Include related paperwork, clerical activities or staff travel required to perform these activities):

1. Identifying and referring patients/tribal members who may be in need of Medicaid-covered family planning services.
2. Making an initial referral for medical or physical examinations and necessary medical/dental/mental health/chemical dependency evaluations, provided that such referrals are not an extension of a direct service.
3. Screening patients' medical charts to identify any need for referral and/or follow-up services *(e.g., EPSDT screens, immunizations, PAP tests, mammograms, etc.)*.
4. When requested by individuals, a referral to a medical, dental, mental health, or substance abuse service covered by Medicaid.
5. Gathering any information that may be required in advance of making an initial medical/dental/chemical dependency/mental health referral.

**Case Management:** Note that "coordination and monitoring" activities are no longer considered to be an administrative expense, and as such can only be reimbursed as a targeted case management (TCM) service. TCM services must be defined by the State, approved by CMS and incorporated into the state Medicaid plan.


**CODE 10   GENERAL ADMINISTRATION - R**

Tribal staff should use this code when performing administrative activities that are not directly assignable to program activities.  Include related paperwork, clerical activities, or staff travel required to perform these general administrative activities.  Note that tribal administrative staff expenses that are included in the Tribe's Indirect Costs Agreement (usually including  accounting, payroll, executive direction, etc.), are only allowable through the application of the Tribe's approved indirect cost rate.  Below are typical examples of general administrative activities, but they are not all inclusive.

1. Taking paid lunch, breaks, vacation and sick leave, or other paid time not at work.
2. Reviewing tribal procedures and rules.
3. Attending or facilitating staff meetings, board meetings, or tribal council.
4. Performing administrative or clerical activities related to general tribal health department functions or operations, provided these are not included in the tribal indirect cost rate.
5. Providing general supervision of staff, including supervision and evaluation of employee performance.

6. Reviewing technical literature and research articles.
7. Other general administrative activities of a similar nature as listed above that cannot be specifically identified under other activity codes.
8. Performing managerial, administrative or clerical activities related specifically to implementation of the Tribe's MAM contract, including conducting the MAM time study, compilation of time study results, preparation of the billing statement, invoicing and coordinating with the state Medicaid agency with specific reference to Tribal MAM.
9. Participating in or coordinating training on the Tribal MAM program including activity code definitions, time study form completion and time study requirements.

# Determining the Medicaid Eligibility Rate (MER)

To bill for Medicaid Administrative Match (MAM), you must calculate the MER for the total population served each billing quarter.

The MER Formula calculation is:

<u>Number of unduplicated Medicaid Eligible Individuals Served</u>        ***DIVIDED BY:***
Total Number of unduplicated Individuals Served      =     ***Equals the MER***

**Example**

The following example is provided for illustrative purposes only.  It establishes how much of the costs related to an activity should be allocated to Medicaid.  The amount of FFP is determined based on the activity costs that are allocable to Medicaid.

Gross activity costs = $1,500

Unduplicated number of Medicaid-enrolled individuals provided with services = 1,000

Unduplicated total number of all individuals provided with services = 5,000

MER:  Number of Medicaid-enrolled individuals provided with services/total number of all individuals provided with services = 1,000/5,000 = 20 percent

Activity = Referral, Coordination, and Monitoring of Medicaid Services = Proportional Medicaid/50 percent FFP

Proportional Medicaid Costs = Gross activity cost multiplied by the MER
$1,500 X 20% = $300 = Gross claimable Medicaid share

FFP Reimbursement = 50 percent
Net claimable amount = $300 X 50% = $150

Activities involving Medicaid outreach and/or facilitating Medicaid eligibility determinations are 100 percent allowable and the application of the MER is not required.

The Indian Nation may use medical databases (i.e. IHS-RPMS) to determine the MER for each quarter.

Documentation of the MER must be kept for review and verification as requested.
The Indian Nation will complete and sign the Indian Nation Medicaid Eligibility Rate (MER) Worksheet and Certification Form (Exhibit D) of the contract, for the quarter, and submit this form to HCA with all claims for the quarter.

**How do you know if the individual being served is Medicaid eligible?**

There are many methods to check whether a client is Medicaid enrolled. Most of these involve accessing ProviderOne. You may access ProviderOne to submit an enrollment inquiry using one of these methods:

- Search for enrollment information via ProviderOne at http://www.providerone.wa.gov
- Submit an electronic individual or batch 270/271 inquiry to ProviderOne
- Swipe the client services card using a magnetic card reader
- Call the Interactive ProviderOne Voice Response (IVR)

You may also check for client Medicaid enrollment through these methods:

- Use a Medical Eligibility Vendor to access information on your behalf
- Call a customer services representative at 1-800-562-3022

**IMPORTANT: Though a client may be determined Medicaid enrolled for other programs,** *for a client to be considered Medicaid enrolled for purposes of the Medicaid Administrative Match (MAM) program, a Recipient Aid Category (RAC) code must be indicated in the client's Client Eligibility Spans in ProviderOne*. **Identify the RAC code(s) assigned to the client and compare with those on the following page:**

http://www.hca.wa.gov/medicaid/providerone/Providers/Fact%20Sheets/pages/FactSheets.aspx